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TRA	(U	nder 37 CFR 1.97(b) or 1.97(c))	LIFE010		
In Re House	Application Of: et al.		,			
	Serial No. 09/637,504	Filing Date August 11, 2000	Examiner Unassigned	Group Art Unit		
Title:	Gimbaled Bladd	er Actuator for Use with Test Strips		RECEIVED MAY 1 4 2001 TC 1700		
	Address to: Assistant Commissioner for Patents Washington, D.C. 20231					
37 CFR 1.97(b)						
1. 🛚	The Information Disclosure Statement submitted herewith is being filed within three months of the filing of a national application; within three months of the date of entry of the national stage as set forth in 37 CFR 1.491 in an international application; or before the mailing date of a first Office Action on the merits, whichever event occurs last.					
		37 CFF	R 1.97(c)			
2. 🗌	The Information Disclosure Statement submitted herewith is being filed after three months of the filing of a national application, or the date of entry of the national stage as set forth in 37 CFR 1.491 in an international application; or after the mailing date of a first Office Action on the merits, whichever occurred last but before the mailing date of either:					
	1.	a Final Action under 37 CFR 1.113	3, or			
	2.	a Notice of Allowance under 37 CF	FR 1.311,			
	whichever occurs first.					
	Also submitted herewith is:					
	☐ a certifica	ation as specified in 37 CFR 1.97(e)) ;			
		OR				
		et forth in 37 CFR 1.17(p) for sul CFR 1.97(c).	bmission of an Informatio	on Disclosure Statement		

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A/	INFORMATION DISCLOS nder 37 CFR 1.97(b) or 1.97(c	1 1 1	Docket No. LIFE010			
In Re Application Of: House et al.			RECEU			
Serial No. 09/637,504	Filing Date August 11, 2000	Examiner Unassigned	MAEYOUP Art UNIE			
Title: Gimbaled Bladde	r Actuator for Use with Test Strips	S	1700			
Payment of Fee (Only complete if Applicant elects to pay the fee set forth in 37 CFR 1.17(p))						
 A check in the amount of is attached. ☑ The Assistant Commissioner is hereby authorized to charge and credit Deposit Account No. 50-0815 as described below. A duplicate copy of this sheet is enclosed. ☐ Charge the amount of ☑ Credit any overpayment. ☑ Charge any additional fee required. ☐ Certificate of Transmission by Facsimile* ☐ Certify that this document and fee is being deposited for Mailing by First Class Mail 						
	Signature of Person Mailing Correspondence Donna J. Macedo					
Typed or Printed	Typed or Printed Name of Person Signing Certificate Typed or Printed Name of Person Mailing Correspondence					
deposit account.		Dated: 5. 4. 01				

Menlo Park, CA 94025 (650) 327-3400

X Return receipt postcard

cc: